LAKEVIEW MANOR/GATEWAY FDD E5406 COUNTY TRUNK AA

WEYAUWEGA 54983 Phone: (920) 867-218	33	Ownership:	County
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	20	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	20	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	17	Average Daily Census:	21
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Services Provided to Non-Residents		Age, Gender, and Primary Di	lagnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8	
Home Health Care	No			Age Groups	용		0.0	
Supp. Home Care-Personal Care	No			•		1 - 4 Years	17.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	47.1	More Than 4 Years	82.4	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	17.6			
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	35.3		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	52.9			
Transportation	No	Cerebrovascular	0.0			RNs	11.0	
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	6.3	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	41.2	Aides, & Orderlies	66.5	
Mentally Ill	No			Female	58.8			
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay			amily Care			anaged Care			
Level of Care	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				17	100.0	174	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	17	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		17	100.0		0	0.0		0	0.0		0	0.0		0	0.0		17	100.0

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LAKEVIEW MANOR/GATEWAY FDD

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	and Activities as of 12	/31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	100.0	Bathing	23.5		64.7	11.8	17
Other Nursing Homes	0.0	Dressing	41.2		52.9	5.9	17
Acute Care Hospitals	0.0	Transferring	47.1		35.3	17.6	17
Psych. HospMR/DD Facilities	0.0	Toilet Use	35.3		23.5	41.2	17
Rehabilitation Hospitals	0.0	Eating	52.9		41.2	5.9	17
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	******	*****	*****	******	******
Total Number of Admissions	1	Continence		용	Special Treatme	ents	용
Percent Discharges To:	- 1	Indwelling Or Extern	al Catheter	0.0	Receiving Res	piratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	58.8	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	14.3	Occ/Freq. Incontinen	t of Bowel	17.6	Receiving Suc	tioning	0.0
Other Nursing Homes	42.9				Receiving Ost	omy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tub	e Feeding	0.0
Psych. HospMR/DD Facilities	14.3	Physically Restraine	d	0.0	Receiving Med	hanically Altered Diet	s 35.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	28.6	With Pressure Sores		0.0	Have Advance	Directives	100.0
Total Number of Discharges	- 1	With Rashes		0.0	Medications		
(Including Deaths)	7				Receiving Psy	choactive Drugs	64.7

	This Facility	Fac	All Facilties			
	%	8	Ratio	8	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	86.6	89.6	0.97	87.4	0.99	
Current Residents from In-County	70.6	33.5	2.11	76.7	0.92	
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00	
Admissions/Average Daily Census	4.8	21.3	0.22	141.3	0.03	
Discharges/Average Daily Census	33.3	25.0	1.33	142.5	0.23	
Discharges To Private Residence/Average Daily Census	4.8	11.4	0.42	61.6	0.08	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	52.9	15.3	3.46	87.8	0.60	
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean) *	40.0	53.1	0.75	49.4	0.81	
Psychological Problems	64.7	50.1	1.29	57.4	1.13	
Nursing Care Required (Mean) *	4.4	11.0	0.40	7.3	0.60	